SHIPPENSBURG UNIVERSITY
REQUEST FOR INDIVIDUALIZED INSTRUCTION OR INDEPENDENT STUDY

INSTRUCTIONS
You must be in good academic standing to apply for individualized instruction or independent study. The course may not be used to repeat or replace a course in which a grade of “D” or “F” was earned. To apply, you must first find a faculty member who is willing to work with you on an individual basis. Complete Part I of this form and have the faculty member submit it for approval. A syllabus must be attached showing course requirements, tentative schedule, and method of evaluation to be used. This form will not be processed without a syllabus.

Individualized instruction—when you need to take a regular course during a semester in which the course is not offered. These courses are generally restricted to students who have completed a substantial portion of their degree program and who need the particular course to complete their degree requirements.

Independent study—must include some new experience of inquiry, evaluation, and/or creative activity. This experience must be one which is not available through an established course, including individualized instruction.

PART I (to be filled out by student and signed by advisor or department chair):

Student Name: ____________________________ SU ID #: ______________ SU email: ______________________

[ ] Undergraduate  [ ] Graduate  Major: ___________________________________________

Year: _______  [ ] Fall  [ ] Spring  [ ] Summer A  [ ] Summer B  [ ] Winter

Please provide detailed justification for request: ______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Student’s Signature: ____________________________ Date: __________

Advisor/Chair Signature: ____________________________ Date: __________

PART II (to be filled out by department and college offering the course):

Requesting (check one): [ ] Independent Study  [ ] Individualized Instruction

__________________________ ____________________________ Number of Credits: ______
(Course number and title)

[ ] Syllabus attached (__________________________) (_____________________________) Date: __________
(Faculty Member Print) (Faculty Member Signature)

[ ] Approved  [ ] Denied ____________________________ Date: __________
(Department Chair’s Signature)

[ ] Authorization to raise max credits to: ______

[ ] Authorization granted to repeat previous grade of D/F course by College Dean

[ ] Authorization granted to repeat previous grade of D/F course by Graduate Dean/Associate Provost

[ ] Approved  [ ] Denied ____________________________ Date: __________
(College Dean’s Signature)

[ ] Approved  [ ] Denied ____________________________ Date: __________
(Graduate Dean/Associate Provost)

Course Code: ____________________________ Entered by: ____________________________ Date: ____________________________

Revised Date: 4/2/2015